

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H22832

1. Corporation Name

NATIONAL PARTNERSHIP EXCHANGE, INC.

Principal Place of Business

1715 N WESTSHORE BLVD
SUITE 700
TAMPA FL 33607
US

Mailing Address

1715 N WESTSHORE BLVD
SUITE 700
TAMPA FL 33607
US

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90083 012 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1984

4. FEI Number

59-2450187

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

SAVAGE, ROBERT
1715 N WESTSHORE BLVD
SUITE 700
TAMPA FL 33087

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

DST

DELETE

NAME

FAY, BRADLEY

STREET ADDRESS

4932 CYPRESS TRACE

CITY-ST-ZIP

TAMPA FL 33624

TITLE

D

DELETE

NAME

SAVAGE, ROBERT

STREET ADDRESS

2806 TYSON AVE

CITY-ST-ZIP

TAMPA FL 33611

TITLE

DCFO

DELETE

NAME

FRIER, RICHARD

STREET ADDRESS

4509 BEACH PARK

CITY-ST-ZIP

TAMPA FL 33607

TITLE

P

DELETE

NAME

GUNN, DONALD J J

STREET ADDRESS

6340 MACLAWIN CT

CITY-ST-ZIP

TAMPA FL 33629

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change ☒

Addition ☐

18207 Bittern Ave
Lutz, FL 33549

Change ☒

Addition ☐

35 Aegean Ave
Tampa FL 33606

Change ☒

Addition ☐

Frueh, Richard

Change ☒

Addition ☐

Correction

Gunn, Donald J, Jr.
6340 MacLaurin Ct

Change ☒

Addition ☐

Correction

Change ☐

Addition ☐

Change ☐

Addition ☐

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Savage
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99

Date

813 202 0808

Daytime Phone #

CR2E034 (1/1/98)